

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Alisa Williams	TELEPHONE NUMBER 601 576 7380	
ADDRESS 570 E Woodrow Wilson		CITY Jackson	STATE MS	ZIP 39216
EMAIL Alisa.williams@msdh.state.ms.us	SUBMIT DATE 01/21/11	Name or number of rule(s): Mississippi EMS Laws, Rules and Regulations		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Updating Regulations on Emergency Medical Services Operating Fund.

Specific legal authority authorizing the promulgation of rule: MS Code Ann. 41-59-61

List all rules repealed, amended, or suspended by the proposed rule: _____

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 1/7/11 Time: 1100 Place: MSDH Osborne Auditorium, 570 E Woodrow Wilson, Jackson, MS

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: <u>12/15/2010</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Alisa Williams, State EMS Director

Signature of person authorized to file rules: *Alisa Williams*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;"> FILED JAN 21 2011 MISSISSIPPI SECRETARY OF STATE </div> Accepted for filing by <u>CB 17524E</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.